

**PAST PERFORMANCE REPORT-
Current Contract/Program**

Please complete this questionnaire. Handwritten responses are sufficient. If you need more space than that provided, please attach additional pages or write on the back. **Responses will be treated as confidential and will be used only by source selection officials in evaluating the offeror's submitted documents for the contract.**

Contractor/Subcontractor Name:

Customer/Account Name:

Address:

Primary Point of Contact Name: Title: Phone Number: Fax Number:

Alternate Point of Contact Name: Title Phone Number: Fax Number:

Contract Summary:

Period of Performance:

Type and Scope of Services Provided:

Annual Contract Value Health Care:

Annual Contract Value Administration:

1. Did the contractor achieve the objectives of the contract?

- ☐ exceeded objectives
☐ met objectives most of the time
☐ met objectives some of the time
☐ did not meet objectives
☐ not applicable

Comments:

2. Did the contractor meet the terms and conditions of the contract?

- ☐ exceeded expectations
☐ met expectations most of the time
☐ met expectations some of the time
☐ did not meet expectations
☐ not applicable

Comments:

3. Did the contractor perform in a timely manner?

- ☐ exceeded expectations
☐ met expectations most of the time
☐ met expectations some of the time
☐ did not meet expectations
☐ not applicable

Comments:

4. Was the contractor responsive to resolving problems (within the scope of the contract)?

- ☐ exceeded expectations
☐ met expectations most of the time
☐ met expectations some of the time
☐ did not meet expectations
☐ not applicable

Comments:

5. Did the attitude of the contractor's staff:

- ☐ exceed expectations
☐ meet expectations most of the time
☐ meet expectations some of the time
☐ not meet expectations
☐ not applicable

Comments:

6. Did the knowledge, skills and abilities of the contractor's staff:

- ☐ exceed expectations
☐ meet expectations most of the time
☐ meet expectations some of the time
☐ not meet expectations
☐ not applicable

Comments:

7. Were the customers satisfied?

- ☐ exceeded expectations
☐ met expectations most of the time
☐ met expectations some of the time
☐ did not meet expectations
☐ not applicable

Comments:

8. Did the contractor deliver at the agreed to price? ☐ Yes ☐ No
If no, why not?

9. Would you do business with this contractor in the future? ()Yes
()No
If no, why not?

10. Additional Comments.

Signature of Reference	Title	Date
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